24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

	chedule E)	PAGE 1 OF 57 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
VV	/omen Speak Out PAC	C C00530766	
Check if 24-hour report X 48-hour report New report Amends report filed on			
Т		e of Public Distribution/Dissemination	
	Lorri Anderson	07 14 2014	
	Mailing Address 7214 Duchamp Dr Amo	ount	
ŀ	City State Zip Code	50.00	
	Charlotte NC 23215 Trai	nsaction ID : 1e870c5a-c16c-4545-8 e of Disbursement or Obligation	
	Purpose of Expenditure Salary Category/ Type 001	07 / 14 / 2014	
	Name of Federal Candidate Support Office Sou	ight: House District: 00	
Ì	Ms Kay Hagan	sident Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:	
Ī		te of Public Distribution/Dissemination	
	Lorri Anderson	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 7214 Duchamp Dr	ount	
Ì	City State Zip Code	4.80	
		nsaction ID : 1f209128-0456-4dcb-9 te of Disbursement or Obligation	
	Purpose of Expenditure Mileage Category/ Type 002	07 / 14 / 2014	
Ì	Name of Federal Candidate Support Office Sou	ught: House District: 00	
	Ms. Kay Hagan Pres	sident Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
((c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 07	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Signature		